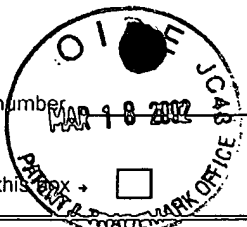


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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

0010/PTO Rev. 5/95  <b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing    OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing	U.S. Department of Commerce Patent and Trademark Office		Attorney Docket Number	U 0069 CC/SPAP		
			First Named Inventor	McCaulley, James A.		
			COMPLETE IF KNOWN			
			Application Number	10/008,663		
			Filing Date	11/07/01		
			Group Art Unit			
		Examiner Name				

As a below named inventor, I hereby declare that:  
My residence, post office address, and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ASTRINGENT SHAVE PREPARATIONS**

(Title of the Invention)

the specification of which ☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) \_\_\_\_\_ as United States Application Number or PCT International

Application Number \_\_\_\_\_ and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority	Certified Copy Attached?	
			Not Claimed	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/246,355	11/07/2000	

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CERTIFICATE OF MAILING PER 37 C.F.R. §1.8

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on 10/17/01.

MARCH 8 2002    Mr. J. ...    MADELENE    CARRO

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U 0069 CC/SPAP

## DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name  Customer Number  or label

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
John E. Drach	32,891	Steven J. Trzaska	36,296
Aaron E. Ettelman	42,516	Henry E. Millson, Jr.	18,980

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

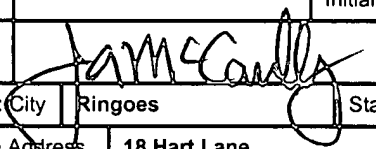
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Address					
Address					
City		State		Zip	
Country		Telephone	610-278-4929	Fax	610-278-6548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name	James	Middle Initial	A.	Family Name	McCaulley	Suffix e.g. Jr.	
Inventor's Signature					Date	Jan. 22, 2002	
Residence: City	Ringoes	State	NJ	Country	USA	Citizenship	USA
Post Office Address	18 Hart Lane						
Post Office Address							
City	Ringoes	State	NJ	Zip	08551	Country	USA
Applicant Authority							

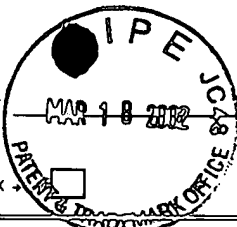
☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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U 0069 CC/SPAP

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Pat			Middle Initial		Family Name	Hoontrakul			Suffix e.g. Jr.			
Inventor's Signature							Date						
Residence: City	Bethlehem			State	PA	Country	USA			Citizenship	USA		
Post Office Address	242 West Lehigh Street												
Post Office Address													
City	Bethlehem			State	PA	Zip	18018	Country	USA		Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.			
Inventor's Signature							Date						
Residence: City				State		Country				Citizenship			
Post Office Address													
Post Office Address													
City				State		Zip		Country			Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.			
Inventor's Signature							Date						
Residence: City				State		Country				Citizenship			
Post Office Address													
Post Office Address													
City				State		Zip		Country			Applicant Authority		
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Inventor's Signature							Date						
Residence: City				State		Country				Citizenship			
Post Office Address													
Post Office Address													
City				State		Zip		Country			Applicant Authority		
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor							
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Inventor's Signature							Date						
Residence: City				State		Country				Citizenship			
Post Office Address													
Post Office Address													
City				State		Zip		Country			Applicant Authority		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto													

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0010/PTO  
Rev. 6/95

U.S. Department of Commerce  
Patent and Trademark Office

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐

Declaration  
Submitted  
with Initial Filing

OR

☐

Declaration  
Submitted after  
Initial Filing

Attorney Docket  
Number

U 0069 CC/SPAP

First Named  
Inventor

McCaulley, James A.

## COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ASTRINGENT SHAVE PREPARATIONS**

(Title of the Invention)

the specification of which

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is attached hereto

OR

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Application Number

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			Not Claimed		YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**DECLARATION****Page 2**

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<b>U.S. Parent Application Number</b>	<b>PCT Parent Number</b>	<b>Parent Filing Date (MM/DD/YYYY)</b>	<b>Parent Patent Number (if applicable)</b>

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OR

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<b>Name</b>	<b>Registration Number</b>	<b>Name</b>	<b>Registration Number</b>
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Name					
Address					
Address					
City		State		Zip	
Country		Telephone	610-278-4929	Fax	610-278-6548

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**Name of Sole or First Inventor:** ☐ A petition has been filed for this unsigned inventor

Given Name	<b>James</b>	Middle Initial	<b>A.</b>	Family Name	<b>McCaulley</b>	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	<b>Ringoes</b>	State	<b>NJ</b>	Country	<b>USA</b>	Citizenship	<b>USA</b>
Post Office Address	<b>18 Hart Lane</b>						
Post Office Address							
City	<b>Ringoes</b>	State	<b>NJ</b>	Zip	<b>08551</b>	Country	<b>USA</b>
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Type a plus sign (+) inside this box → ☐

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet													
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
Given Name		Pat				Middle Initial				Family Name		Hoontrakul				Suffix e.g. Jr.							
Inventor's Signature		<i>Pat Hoontrakul</i>								Date		2/15/2002											
Residence: City		Bethlehem				State		PA		Country		USA				Citizenship		USA					
Post Office Address		242 West Lehigh Street																					
Post Office Address																							
City		Bethlehem				State		PA		Zip		18018		Country		USA				Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor													
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